

Case Number:	CM15-0200365		
Date Assigned:	10/15/2015	Date of Injury:	04/05/2012
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 4-5-12. The injured worker is diagnosed with right facet joint pain C7-T1, cervical facet joint arthropathy, chronic neck pain, chronic low back pain, lumbar facet joint pain and lumbar facet joint arthropathy. A note dated 9-22-15 reveals the injured worker presented with complaints of bilateral neck pain (right greater than left), bilateral low back pain and right shoulder pain. The pain is increased by prolonged sitting and standing, lifting, twisting and driving and relieved by lying on her back, stretching, medication and cervical collar. A physical examination dated 9-22-15 revealed tenderness to palpation at the cervical paraspinal muscles overlying the bilateral C7-T1 facet joints and the lumbar paraspinal muscles. The cervical and lumbar spine range of motion is restricted in all directions due to pain. Treatment to date has included medications; Flector patch (4-2015), Tramadol, Aleve and Voltaren gel; aright facet joint radio frequency nerve ablation C4-C5 and C6-C7 with 70% improvement in pain per note dated 8-25-15 and physical therapy. A request for authorization dated 9-22-15 for Flector patch 1 patch two times a day #60 is denied, per Utilization Review letter dated 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector patch, 1 patch BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with bilateral neck pain right > left, bilateral low back pain, and right shoulder pain. The treater has asked for FLECTOR PATCH, 1 PATCH BID #60 on 9/22/15. The patient's diagnoses per request for authorization dated 9/22/15 are lumbar disc displacement with radiculopathy, lumbago, displacement of cervical intervertebral disc without myelopathy, and cervicgia. The patient is s/p right C4-5, and C6-7 facet rhizotomy from 4/17/15 with 70% improvement of right neck pain but with persistent right lower neck pain in the C7-T1 distribution per 8/25/15 report. The patient is currently using Flector patches, Tramadol, Aleve, Voltaren gel, and Effexor as of 8/25/15 report. The patient states that pain is exacerbated by prolonged sitting/standing, lifting, driving, and activities per 7/21/15 report. The patient is currently working part time 20 hours a week with full duty as customer service representative per 8/25/15 report. MTUS, Topical Analgesics Section, pg 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per progress report dated 9/22/15, the treater states that the patient is currently using Flector patches p.r.n. but no other discussion is provided per review of reports. The patient has been prescribed Flector Patch since at least 4/28/15 and in subsequent reports dated 6/23/15, 8/25/15, and 9/22/15. In this case, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. This patient presents with neck, back, and shoulder pain for which topical NSAIDs are not supported. Therefore, the request IS NOT medically necessary.